

State of Illinois  
Department of Children and Family Services

**ADOPTION ASSISTANCE ELIGIBILITY FOR CHILDREN NOT UNDER THE LEGAL  
RESPONSIBILITY OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

*PROSPECTIVE ADOPTIVE PARENTS MUST BE ILLINOIS RESIDENTS*

Check the box(s) for type(s) of adoption assistance for which an eligibility determination is being requested.

Non-recurring expenses subsidy:	<input type="checkbox"/>	
Ongoing monthly subsidy payment:	<input type="checkbox"/>	
Medical assistance subsidy:	<input type="checkbox"/>	Tracking Number: _____

Child's Name on Birth Certificate \_\_\_\_\_  
First Initial Last

Child's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Private Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Prospective Adoptive Parent(s) Names(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

THE CHILD MUST MEET ONE OF THE ELIGIBILITY CRITERIA IN SECTION I AND ALL THREE OF THE SPECIAL NEEDS CRITERIA IN SECTION II IN ORDER TO BE ELIGIBLE FOR AN ONGOING MONTHLY SUBSIDY PAYMENT AND/OR A MEDICAL ASSISTANCE SUBSIDY.

THE CHILD MUST ONLY MEET THE SPECIAL NEEDS CRITERIA IN SECTION II IN ORDER TO BE ELIGIBLE FOR A NON-RECURRING EXPENSES SUBSIDY.

Date of initiation of adoption proceedings \_\_\_\_/\_\_\_\_/\_\_\_\_ (A filed stamped copy of the adoption petition must be attached)

**I Eligibility Criteria Needed to Receive an Adoption Assistance Ongoing Monthly Subsidy Payment and/or Medical Assistance Subsidy. The child must satisfy one of the following four criteria.**

1. SSI:  
Is the child receiving SSI or has the child been found eligible to receive SSI prior to the initiation of the adoption proceedings?  
 Yes  No (If yes, then eligibility from Social Security Administration must be attached)

Child's Name: \_\_\_\_\_

Adoptive Parent(s) Name: \_\_\_\_\_

Tracking #: \_\_\_\_\_

2. Previous Adoption:

- a) Was the child previously adopted?     Yes     No
- b) If yes, in what state? \_\_\_\_\_  
**(Verification of prior adoption must be attached)**
- c) Was the adoption subsidy Title IV-E eligible?     Yes     No  
**(If yes, then verification of eligibility must be attached)**

3. Child of a IV-E Ward:

Is the child a child of a IV-E eligible minor parent who received foster care maintenance payments which included monies for the child (i.e., ward with infant special service fee)?

- Yes     No    **(If yes, then verification of eligibility from parent's CM24, CM-08 and CR-08 screens must be attached)**

4. AFDC Eligibility:

**A determination of AFDC eligibility at the time of removal and at the time of initiation of adoption proceedings will be made by the Eligibility Determination Unit in Springfield using the information provided below.**

- a) Has there been a petition to the court to remove the child from the home and a judicial determination issued within six months of the child's removal from the home indicating that it was contrary to the welfare of the child to remain in the home? If the judicial determination was not made, the child will not be subsidy eligible. A copy of the court order must be attached.

Yes     No    Date of removal \_\_\_\_/\_\_\_\_/\_\_\_\_

- b) Was the child living with one of the following specified relatives at the time of or within six (6) months of the petition? (If yes, check relative type)

Yes     No    Date last with relative \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Documentation of the date last with the relative must be attached)**

- Father and Stepmother
- Mother and Stepfather
- Father
- Mother
- Stepparent
- Brother/Sister, Step-brother/Step-sister
- Grandparent(s), Great-grandparent(s), Great Great-grandparent(s)
- Uncle/Aunt, Great-uncle/Great-aunt, Great Great-uncle/Great Great-aunt
- Nephew/Niece
- First Cousin, First Cousin Once Removed
- Spouse of a blood relative (above)

- c) Was the child on a public aid grant at the time of removal from the home?     Yes     No

**If yes, provide Grant and Recipient Number: \_\_\_\_\_**

Child's Name: \_\_\_\_\_

Adoptive Parent(s) Name: \_\_\_\_\_

Tracking #: \_\_\_\_\_

d) At the time of removal, the child was deprived of parental support due to the following: (Check all the applicable deprivations – Documentation of each type of deprivation must be attached).

**Note: TPR (termination of parental rights) cannot be used as the deprivation factor.**

- death of mother and/or father;
- child removed from the home of an individual other than a natural or adoptive parent, and neither parent resides in the home of the individual;
- absence of parent by reason of legal separation or divorce;
- absence of parent by reason of separation without legal action and there is no intent to return;
- absence of parent by reason of confinement in a penal or correctional institution;
- absence of parent by reason of deportation or voluntary leaving of country;
- absence of parent by reason of unmarried parent with other parent absent;
- absence of parent for other reason; specify \_\_\_\_\_
- unemployment of child's parent (natural or adoptive), including union sanctioned strikes;
- employment of parent for less than 100 hours/month; or
- physical or mental incapacity of a parent.

e) List all sources and amounts of household income at the time of removal.

**(Documentation of income must be attached)**

Name/Relationship	SSN	Type	Amount
	- -		\$
	- -		\$
	- -		\$
	- -		\$
	- -		\$
	- -		\$

f) Was the child on a public aid grant at the time of initiation of the adoption petition?  Yes  No

**If yes, provide Grant and Recipient Number:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Adoptive Parent(s) Name: \_\_\_\_\_

Tracking #: \_\_\_\_\_

g) Was there continued deprivation of parental support at the time of the *initiation of adoption proceedings* (use date in Section I, #1d)?

Yes       No

**(If yes, check the applicable deprivation --Documentation of the continued deprivation must be attached)**

- death of mother and/or father;
- child removed from the home of an individual other than a natural or adoptive parent, and neither parent resides in the home of the individual;
- absence of parent by reason of legal separation or divorce;
- absence of parent by reason of separation without legal action and there is no intent to return;
- absence of parent by reason of confinement in a penal or correctional institution;
- absence of parent by reason of deportation or voluntary leaving of country;
- absence of parent by reason of unmarried parent with other parent absent;
- absence of parent for other reason; specify \_\_\_\_\_
- unemployment of child's parent (natural or adoptive), including union sanctioned strikes;
- employment of parent for less than 100 hours/month;
- physical or mental incapacity of a parent; or
- termination of parental rights.

h) List all sources and amount of the child's income at the *initiation of adoption proceedings*.  
**(Documentation of child's income must be attached)**

TYPE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**II. Special Needs Criteria:**

**All three of the special needs criteria outlined below must be met.**

1. Was a determination made that the child cannot or should not be returned to the home of his/her parents?

Yes       No

This is determined by the following **(Documentation must be attached)** :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

Adoptive Parent(s) Name: \_\_\_\_\_

Tracking #: \_\_\_\_\_

2. Check the specific factor(s) or condition(s) that qualifies the child as a child with special needs.  
**(Documentation must be attached)**

- Irreversible or non-correctable physical, mental or emotional disability;
- Physical, mental or emotional disability correctable through surgery, treatment or other specialized services;
- One (1) year of age or older;
- Member(s) of a sibling group being adopted together where at least one child meets one or more of the other criteria; or
- Child being adopted by adoptive parents who have previously adopted, with adoption assistance, another child(ren) born of the same mother or father.

3. a)  Efforts were made to place the child without adoption assistance. Please check all that apply:

- Listing with an adoption listing service or exchange;
- Searching of adoptive placement resources;
- Checking waiting lists of adoptive parents;
- Asking if prospective adoptive parents are willing to adopt without adoption assistance; as evidenced by a written statement;
- Other, please specify.

**AND**

b)  Efforts to place the child without adoption assistance were unsuccessful.

**OR**

c)  Efforts were **not** made to place child without adoption assistance because it is against the best interests of the child since there is significant emotional attachment to prospective adoptive parents due to their being relatives, friends of the family, or the significant emotional attachment developed while in their care as foster parents.

**(Documentation must be attached)**

